



## Sleep Problems Update

**Dr. Bill Moorcroft**

### ***Case Study: A Quick Turn-Around of Insomnia***

**Number 21**

**Patient:** P.K., a 49 y/o registered nurse.

**Problem:** P.K. presented with insomnia of about 10 years duration that had gotten worse over the years. She said it had an abrupt onset when she had back surgery but was also preceded by 3 months of “horrible” night shift. She had tried sleeping pills (Lunesta, Rosarem, Ambien, and Restoril), but none of them retained their effectiveness. She also had no success with acupuncture and biofeedback. Only warm baths were of some help.

She was unable to “shut off her mind” when trying to get to sleep or return to sleep. More recently, she had been waking up during the night “hyperalert.”

P.K. has several co-morbidities that affect her sleep. She had been diagnosed with mild Fibromyalgia and also has myofascial pain disorder plus neck and back pain. She is perimenopausal with hot flashes that are attenuated by HRT.

Her subjective sleep log showed an average 9.2 hrs in bed per night with 6.86 hours asleep, which is a sleep efficiency of 77% (compared with a norm of 85-90%). She averaged almost an hour initially getting to sleep, and on several nights

she either had difficulty getting back to sleep (average 45 minutes) or awoke early unable to return to sleep (average 42 minutes). She rated the sleep that she did get to be of poor quality.

**Dr. Moorcroft of Northern Colorado Sleep Consultants welcomes referrals for cognitive-behavioral treatment insomnia, children’s sleep problems, and sleep problems from shift-work. Offices in Fort Collins, Loveland, and Denver.**

**Call (970) 308-4495, email [Bill@sleeplessincolorado.com](mailto:Bill@sleeplessincolorado.com), or visit the web site [www.sleeplessincolorado.com](http://www.sleeplessincolorado.com)**

**Diagnosis:** Psychophysiological Insomnia (307.42) and Insomnia Due to Medical Condition (Pain) (327.01).

**Treatment:** During our first appointment, I emphasized good sleep hygiene especially not watching TV in bed and getting out of bed if she was unable to sleep and experiencing negative emotions. Additionally I stressed that she should keep a regular sleep schedule with somewhat shorter amount of time

spent in bed. I also taught her how to use visualization when she wanted to go to sleep.

During the next appointment I introduced her to a journaling exercise to do during the day to lessen her obtrusive worries and concerns at night. I also taught her a method to relax her body and encouraged her to gradually get back into exercising on a regular basis.

### **Did You Know?**

The *American Family Physician*, August 15, 2007, featured an article “Treatment Options for Insomnia.” (Vol. 76 No. 4, 517-526). The following are some conclusions from this article:

1. “Treatment [for insomnia] should begin with nonpharmacologic therapy...”
2. “Hypnotics generally should be prescribed for short periods only ... [ and] ... when immediate symptom response is desired, when insomnia produces serious impairment, when nonpharmacologic measures do not produce the desired improvement, or when insomnia persists after treatment of an underlying medical condition.”
3. “Routine use of over-the-counter drugs containing antihistamines should be discouraged.”
4. “Exercise, cognitive behavior therapy, and relaxation therapy are recommended as effective, nonpharmacologic treatments for chronic insomnia” are enduring and given an A level of evidence rating (“consistent, good-quality patient-oriented evidence”)
5. Benzodiazepines and nonbenzodiazepines are given a B level of evidence rating (“inconsistent or limited-quality patient-oriented evidence”)
6. “Although often recommended, gradually tapering the dose alone is ineffective in achieving long-term discontinuation. However, combining CBT with tapering of benzodiazepines results in successful discontinuation in 70 percent of patients at 12 months.”

See the full article at <http://www.aafp.org/afp/20070815/517.html>.

**Outcome:** She canceled the remaining appointments because, as she said, “I think the advice that I have already received thus far has helped me a great deal. I am sleeping between 6-8 hours a night. I rarely take the medication. ... Thank you for the advice. It really works.”